

 **SCOPELITIS**
GARVIN LIGHT HANSON & FEARY

10 West Market Street
Suite 1500
Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com

Main (317) 637-1777
Fax (317) 687-2414

ANDREW K. LIGHT
alight@scopelitis.com

June 24, 2013

VIA FEDERAL EXPRESS

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
400 North Street
Harrisburg, PA 17120

RE: Aim Services Co.
Intrastate Authority

To Whom It May Concern:

Enclosed for filing are the following documents in connection with an intrastate authority application for the above company:

1. Application for Motor Common Carrier of Property;
2. Officer/Shareholder List
3. Check in the amount of \$100.00 to cover filing fee;
4. Certificate of Insurance evidencing liability and cargo coverage to serve as temporary proof of insurance.

Please be advised the Form E and Form H insurance filings will be submitted directly by the insurance company once a docket number has been assigned. In the meantime, it is my understanding that the company may operate upon the assignment of a PA PUC number based on the attached temporary insurance filing. Lastly, I enclose an extra copy of this letter along with a self-addressed, stamped envelope for your use in acknowledging receipt. If you

RECEIVED
BUREAU OF
TECHNICAL UTILITY SERVICES
2013 JUN 25 PM 1:54
RECEIVED
2013 JUN 26 AM 10:24
PA P.U.C.
SECRETARY'S BUREAU


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June 24, 2013

have any questions concerning this matter, please contact either myself or Susan Laetsch of this office.

Very truly yours,



Andrew K. Light

AKL/sl
Enclosures
cc: Will Rauber w/enclosures

H:\Users\slaetsch\WPDOCS\Aim Services Co. was Aim Dedicated\Filing Letters\PA.intrantate.doc

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

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BUREAU OF
TECHNICAL UTILITY SERVICES
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Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Aim Services Co.

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

3. **Physical Address** (do not use PO Box)

1500 Trumbull Road

Street Address

Girard, OH 44420

City, State and Zip Code

330-759-0438

Telephone Number

County

4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Andrew K. Light, Scopelitis, Garvin, Light, Hanson & Feary; 317-637-1777

Attorney's Name & Telephone Number for this Filing

10 W Market Street, Suite 1500, Indianapolis, IN 46204

Attorney's Address

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6. **Does applicant currently hold or has ever held PA PUC authority?**

Yes No (circle one)

If yes, PUC NO. A- _____

7. **What type of commodity do you intend to transport?**

general commodities

8. **Are you one of the following? If yes, check below.**

Individual

Partnership

9. **Are you a business entity registered with the PA Department of State?**

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

Corporation Bureau Entity ID Number

Corporation – For Profit

3150097

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- *File for Articles of Incorporation*

Foreign Corporations

- *File for a Certificate of Authority*

- PA Limited Partnerships,
Limited Liability Partnerships,
Limited Liability Companies* - *File for an Application of Registration*
- Fictitious Name Registration* - *File **only** if Trade Name will be different than the business name you register with the Department of State*

10. Attachment Checklist

- Individual:* | | *Certified Check, money order, or check from attorney*
 | | *Copy of Current Safety Rating (if available)*
- Partnership:* | | *Certified Check, money order, or check from attorney*
 | | *List of names and addresses of ALL Partners*
 | | *Copy of Current Safety Rating (if available)*
- Limited Partnership:* | | *Corporation Bureau Entity Number as entered above in #9*
 | | *Certified Check, money order, or check from attorney*
 | | *List of names and addresses of ALL Partners*
 | | *Copy of Current Safety Rating (if available)*
- Limited Liability Partnership:* | | *Corporation Bureau Entity Number as entered above in #9*
 | | *Certified Check, money order, or check from attorney*
 | | *List of names and addresses of ALL Partners*
 | | *Copy of Current Safety Rating (if available)*
- Limited Liability Company:* | | *Corporation Bureau Entity Number as entered above in #9*
 | | *Certified Check, money order, or check from attorney*
 | | *List of names and addresses of ALL Members and Title of each Member (even if only one member)*
 | | *Copy of Current Safety Rating (if available)*
- Corporation – For Profit:* | ✓ | *Corporation Bureau Entity Number as entered above in #9*
 | ✓ | *Certified Check, money order, or check from attorney*
 | ✓ | *List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares*
 | | *Copy of Current Safety Rating (if available)*
- Corporation – Non-Profit:* | | *Corporation Bureau Entity Number as entered above in #9*
 | | *Certified Check, money order, or check from attorney*
 | | *List of ALL Corporate Officers and Titles and those serving on Board of Directors*
 | | *Copy of Current Safety Rating (if available)*

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

Scott W. Fleming
(Print Name)
Scott W. Fleming
(Signature) 6/4/13
(Date)

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SECRETARY'S BUREAU

Aim Services Co.

Officer/Shareholder List

Officers

Tom Fleming – CEO
Scott W. Fleming – President
Geoff Fleming – Vice-President
Rick L. Fox - Treasurer

Shareholders

Voting Stock:
Tom Fleming - 20%

Non-Voting Stock:
Scott W. Fleming – 40%
Geoff Fleming – 40%

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Protective Insurance Company

1099 North Meridian Street Indianapolis, IN 46204 (317) 636-9800 Ext. 5089

Date Issued: 06/05/13

SEQ# 00000004

00043728-002

CERTIFICATE OF INSURANCE

This Certificate issued to:

PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG , PA 17105-3265

Certifies placement of insurance coverage for the account of

AIM SERVICES CO.
1500 TRUMBULL AVENUE
GIRARD , OH 44420-3453

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X 001954

For the following coverages:

Automobile/General Liability including Personal Injury and Property Damage
Cargo Legal Liability - \$250,000 per trailer

For limits of \$1,000,000 CSL per occurrence/\$1,000,000 Annual Aggregate on GL

Effective: April 22, 2013

Expiration: February 1, 2014

Should any of the above described policies be cancelled before the expiration date thereof. Notice will be delivered in accordance with the policy provisions.

Signed at Indianapolis, Indiana this 5th day of June, 2013

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY Bill K.

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From: (317) 637-1777
Anne Messer
Scopelitis, Garvin, et al.
10 W. Market Street
Suite 1500
Indianapolis, IN 46204

Origin ID: GSHA



J13111302120326

Ship Date: 24JUN13
ActWgt: 0.3 LB
CAD: 481612B/NET3370

Delivery Address Bar Code



Ref # 11279.3 Air Services
Invoice #
PO #
Dept #

SHIP TO: (717) 787-3834 **BILL SENDER**
Pennsylvania Public Utility Comm.
Bureau of Transportation and Safety
400 NORTH ST

HARRISBURG, PA 17120

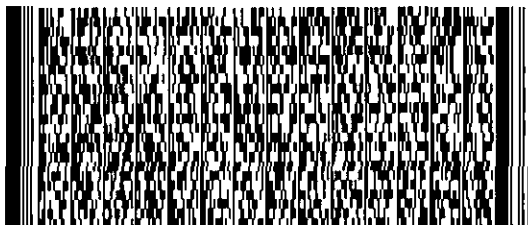
TUE - 25 JUN 10:30A
PRIORITY OVERNIGHT

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PA-US
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